

Appendix C -- Sample Consultant Activity Documentation Forms

- * Child Care Infant Care Consultant Activity Sheet
- * Infant/Toddler Nurse Consultant Monthly Report
- * Child Care Facility Management Interview
- * Child Care Center Record Checks Flow Sheet
- * Child Care Visits Flow Sheet
- * Authorization for Health Care Screening and Disclosure of Information

Child Care Infant Care Consultant Activity Sheet

Date: _____

Site: _____

Child Care Concern	Consultant Response

Infant/Toddler Nurse Consultant Monthly Report

Child Care Center _____ Nurse Consultant _____

Date: _____

Health Management Issues

- ☐ Communicable Disease Prevention
- ☐ Caring for Children with Non-communicable Childhood Diseases
- ☐ Children with Special Health Care Needs
- ☐ Dental Health
- ☐ First Aid Kit
- ☐ Health Care Plan Review
- ☐ Health History Review
- ☐ Health Policy Review and Development
- ☐ Immunization Review
- ☐ Infection Control Observation
 - ☐ Diaper changing
 - ☐ Food
 - ☐ General Sanitation
- ☐ Infection Control Policy Review and Development

- ☐ Staff Health Issues

- ☐ Referrals Made:

- ☐ Other

Nutrition/Feeding

- ☐ Baby's Feeding Cues
- ☐ Basic Food Groups
- ☐ Breastfeeding
- ☐ Introducing Solids
- ☐ Preparing, Handling, & Storing Food
- ☐ Referrals
- ☐ Other

Growth and Development

- ☐ Age Appropriate Milestones/Age Appropriate Ways to Encourage Development
- ☐ Bonding and Attachment
- ☐ Crying
- ☐ Infant Cues
- ☐ Infant States
- ☐ Sleep Patterns
- ☐ Language Development

Preventing Injuries

- ☐ Bike Helmets
- ☐ Baby Carriers, Cribs, High Chairs, & Playpens
- ☐ Medicine and Toxic Substance Storage
- ☐ Playground Safety

Promoting Emotional Health

- ☐ Effective Communication
- ☐ Expressing Feelings Safely and Effectively
- ☐ Positive Discipline

- ☐ COMMENTS

- ☐ RECOMMENDATIONS

- ☐ PLAN

Child Care Facility Management Interview

(Adapted from forms provided by Snohomish County)

Name of Facility _____

Address _____

Person Interviewed _____ Job Title _____

Date _____ License Capacity _____ Age Range _____

Number of Staff _____

1. Please describe this child care facility.

How many children are enrolled? _____ How many classrooms are there? _____

Ages? _____

Which classrooms mingle and when? _____

2. Describe how illness is managed.

What are your policies for managing ill children? Are the policies written?

How do you communicate your policies to the parents?

How often does your staff check the health of the children?

What do you do if an employee shows signs of illness?

What is your policy on employee sick leave? Health benefits?

3. Describe the hand washing procedures used in this facility.

Do you have written policies? ☐ Yes ☐ No

How do you ensure children wash their hands at appropriate times?

Child Care Facility Management Interview -page 2

4. Diaper changing and toileting.

How do you dispose of soiled diapers/underwear?

What kind of sanitizer is used on the diaper changing surface?

5. Can we see a copy of your menu?

What types of meals do you provide? (circle) B / AM snack / L / PM snack / D

Who prepares/cooks the meals?

Who plans the menu?

Does your staff understand cross-contamination?

What are the final cooking temperatures of foods on the menu?

Are temperatures taken using a calibrated thermometer? ☐ Yes ☐ No

6. Describe your process for cleaning toys (who, when and how)

7. Sleeping Equipment

What do children sleep on during rest time?

Who launders bedding? How often?

8. Describe your general cleaning procedures.

Are your policies/procedures written? ☐ Yes ☐ No

Does your staff understand the difference between cleaning and sanitizing? ☐ Yes ☐ No

Child Care Facility Management Interview -page 3

9. What types of hazardous substances do you use?

Where are they stored?

10. What process do you use for documenting immunizations?

Example: Mom mentions she took her son yesterday to get his 4th DTP and 3rd Polio.
What do you do with this information?

How is the information organized? _____

11. Pets. What kind? Who cares for them? How do children interact with them?

12. Playground. Who does the maintenance? _____

What ages of children use the playground? _____

Do you have any concerns about your play area?

13. Health Consultant.

Who is your health consultant? _____

14. When do you call the local health department?

15. What are your biggest challenges?

16. What other questions should I ask to better understand your operation?

Child Care Center Record Checks Flow Sheet

Activity	Date	Date	Date
Check all the center's immunization records yearly	_____	_____	_____
Check center health care plan every 3 years	_____	_____	_____
Review health care plan policies with new employees	_____	_____	_____
Review illness and accident log quarterly	_____	_____	_____
Review infant immunization records quarterly	_____	_____	_____

Notes:

Child Care Visits Flow Sheet

Date			
Telephone Advice			
Visited With			
Care Plans Discussed			
Care Plans Written Up			
Questions Observations (see notes)			
Materials Left: For parents, staff			
How I Grow			
Inside the Baby Room			
Notes Done			
Number of Babies in Care			

Authorization for Health Care Screening and Disclosure of Information

I give permission for my child:

Name: _____

Date of Birth: _____ Age: _____

to receive health promotion screening services provided at the child care facility by the _____ staff, including, but not limited to vision, hearing, dental, developmental, speech, and behavioral assessment. I will be informed of the screening results.

I authorize the _____ staff to disclose and discuss screening results with:

Child Care Facility/Schools:

Contact Person:

I understand that the daycare listed above may not further use or disclose any health care information it receives through this authorization unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

This consent may be revoked by me at any time unless action has been taken in reliance on it.

Date: _____ Parent/Other Legally Responsible Person (signature): _____

Witness: _____ Relationship of Legally Responsible Person to Child Listed: _____

Translator: _____ Street: _____

Translator's Agency: _____ City: _____

or State: _____ Zip: _____

Relationship to Parent/Other Legally Responsible Person: _____

Telephone: (_____) _____ Home (_____) _____ Work

RENEWALS

Signature: _____ Witness: _____

Date: _____ Translator: _____

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The authorization to disclose information expires 90 days after it is signed. It can be renewed.

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What do you do if an employee shows signs of illness?

What is your policy on employee sick leave? Health benefits?

3. Describe the hand washing procedures used in this facility.

Do you have written policies? ☐ Yes ☐ No

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Telephone: (_____) _____ Home (_____) _____ Work

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